

AUG 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29398
Registrar's No. 42

BIRTH NO. _____		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 4536		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi			
c. LENGTH OF STAY (in this place) 2 years				d. STREET ADDRESS (If rural, give location) 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle) E.		c. (Last) Ferguson	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
8		10		1951			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 1-19-1864	
9. AGE (In years last birthday)		10. AGE (In years last birthday)		11. AGE (In years last birthday)		12. AGE (In years last birthday)	
87		6		21		21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY home			
11. BIRTHPLACE (State or foreign country) Howard County, Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Horine		13b. MOTHER'S MAIDEN NAME Elizabeth Easton		14. NAME OF HUSBAND OR WIFE John W. Ferguson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lela Walters Potosi, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Terminal ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) following fall DUE TO (c) injury to Retro-cal area II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/1 , 19 50 to 8/10 , 19 51 , that I last saw the deceased alive on 8/9 , 19 51 and that death occurred at 530 A m. , from the causes and on the date stated above.							
23a. SIGNATURE W. Cresswell				23b. ADDRESS Potosi, Mo.		23c. DATE SIGNED 8/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-13-1951		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Aurora, Mo	
DATE REC'D BY LOCAL REG. 8/11/51		REGISTRAR'S SIGNATURE Helmut Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE Smith & Higginbotham, Potosi, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 14 1951

WASH. COUNTY HEALTH DEPT.

File No: 851-220

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.